NCSS Report B-5 (FY 69)

Medicaid

and other medical care financed
from public assistance funds

FISCAL YEAR 1969

PUBS
RA
412
.4
M4228
1969

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
National Center for Social Statistics

Prepared by
Dorothy B. West
DIVISION OF FISCAL AND ADMINISTRATIVE SURVEYS AND STATISTICS

RA
412.4
.M4228
1969

Medicaid
and
Other Payments to Medical Vendors
Fiscal Year 1969

Expenditures from assistance funds for medical assistance amounted to $4.4 billion in the fiscal year 1969. 1/ Expenditures in three States, New York, California, and Massachusetts, accounted for one half the total with the other half about equally divided between seven States with the next largest expenditures 2/ and the remaining 44 States. (Chart 1.)

Most of these expenditures - 93% - were made as "medicaid" under title XIX of the Social Security Act, which became effective on January 1, 1966. The rest was expended under other public assistance programs as follows:

Program	Amount (In Millions)
Total	$317
Old-age assistance	106
General assistance	80
Medical assistance for the aged	60
Aid to the permanently and totally disabled	39
Aid to families with dependent children	29
Aid to the blind	3

The total expenditure in 1969 was three times the amount spent during the last 12 months prior to the effective date of title XIX, that is the calendar year 1965. The 1969 expenditure exceeded that for 1968 by $831.2 million, almost one-fourth (23.6 percent); of this total annual increase, an estimated $229 million--more than one fourth (27.5 percent)--was the result of higher medical prices as measured by the Consumer Price Index.

An estimated 12.9 million people received medical assistance during 1969 under the Federally-aided programs, most of them under the medicaid program. 3/ (Table 2.) The largest single group--46 percent--were

---

1/ Expenditures include amounts paid directly to medical vendors (95% of all payments) and premium payments into the Social Security Administration system for Supplementary Medical Insurance, into agency "pooled funds," and to health insuring agencies.

2/ These States ranked from high to low on the basis of total expenditures are Pennsylvania, Michigan, Illinois, Texas, Wisconsin, Ohio, and Minnesota.

3/ Data are not available on numbers aided under State-local general assistance programs.

children under 21, most whom were members of families with dependent children. 4/ Somewhat more than one-fifth (22.5 percent) were persons aged 65 or over. About 8 percent were severely disabled (.6 percent were blind and 7.5 percent, otherwise severely disabled). The rest--about 6 percent--were people aged 21 to 64, for whom medical care was financed under Medicaid but without Federal financial participation.

Expenditures, by eligibility group (aged, blind, etc.)

The distribution of expenditures by eligibility group is quite different from the distribution of recipients. The aged, blind, and disabled comprise about 30 percent of all recipients, but payments for their medical care represent 60 percent of all payments. Only a fifth of all payments are for children under 21 who represent somewhat less than half (45.9 percent) of all recipients. This disparity reflects the high incidence of payments made on behalf of the aged and severly disabled for the more expensive types of care such as in-patient hospital and nursing home care. For children, nursing home payments would be a rarity, and payments for in-patient hospital care would be made for a smaller proportion of child recipients of medical care and for a shorter duration than for the aged and severely disabled who receive medical assistance.

Expenditures, by type of service

Payments for in-patient hospital care were the largest single item of expense in 1969--37.5 percent of the total. Next were payments for skilled nursing home care which accounted for almost 30 percent of all expenditures. (Table 1.) Both proportions, however, have declined since the advent of Medicaid and Medicare, in part because other types of service are offered and are better financed under Medicaid than under the public assistance programs it superseded; and in part because Medicare now finances substantial amounts of in-patient hospital care and, in addition, pays for care in extended care facilities (nursing home care) for persons aged 65 and over.

Among the States, skilled nursing home care rather than in-patient hospital care is more often the largest component of medical expenditures. Thus, in 31 States, the largest expenditure is for nursing home care, and in 14 States such expenditures account for half or more of the total. (Table 4.) In-patient hospital care is the largest item in only 22 States. But since these 22 States include most of those with the largest expenditures, their influence pushes payments for in-patient hospital care into first position in the national total.

4/ These are families in which the children are deprived of the parental support or care of one or both parents, including both those who receive AFDC and those who do not.

Payments for physicians' services represented 12 percent of all expenditures in 1969 compared with just over 8 percent in 1965. Among the States, such payments represented a fifth or more of the total in 11 States; in most of these States, however, aggregate expenditures were relatively small.

Costs of prescribed drugs that are separately identified comprised about 7 percent of all medical payments. 5/ Eight States reported no payments for prescribed drugs. In 8 other States, however, such costs came to one-fifth or more of total payments to medical vendors; among these 8 States is West Virginia, which has a State Pharmacy Program financed entirely from State funds.

Expenditures per inhabitant, by State

State expenditures per inhabitant remove the effect of differences in the size of State populations and permit interstate comparisons of the level of expenditures for medical assistance. Higher expenditures per inhabitant reflect broader program coverage in terms of the number of people who receive care and/or in terms of the number, kinds, and amounts of services that are financed from assistance funds. Lower expenditures, on the other hand, are associated with limited coverage in terms of people, services, or both.

All States with medical assistance programs established under title XIX are required to offer a minimum of five basic medical services 6/ to all recipients of money payments; and to others who meet the test of financial eligibility for money payments but who, for a variety of reasons, do not receive them. Because of these requirements, a State that has large numbers of money payment recipients relative to its population will almost certainly find it necessary to spend more per inhabitant for medical assistance than a State with a lower recipient rate, assuming, of course, that each provides the same amounts of the five basic services. States with programs covering the medically needy are likely to have relatively large expenditures per inhabitant and so are States that finance a comprehensive roster of services.

5/ Some drug costs are included in payments to physicians or other practitioners.

6/ In-patient hospital care, outpatient hospital care, skilled nursing home care, physicians' services, and laboratory and X-ray services.

At least two of the conditions that are likely to result in relatively high expenditures for medical assistance are present in all but two 7/ of the 10 States that spent $20 or more per inhabitant in 1969. (Chart 2.) All cover the medically needy and five have above average recipient rates for money payment recipients. 8/ Six of the 10 States finance a comprehensive roster of services. All 3 conditions are present in New York, Massachusetts, and California, the States which spent the largest amounts per inhabitant.

At the other end of the scale 9/ are 9 States that spent less than $10 per inhabitant for medical assistance in 1969. Six have low recipient rates for money payment recipients. Only four cover the medically needy, but services for this group are limited in all but one State. None of the conditions making for high expenditures is present in 4 of these 9 States.

7/ Michigan and Wisconsin. Relatively small numbers of the population receive money payments in these States. Both cover the medically needy but some medical services are not financed under their programs for this group.

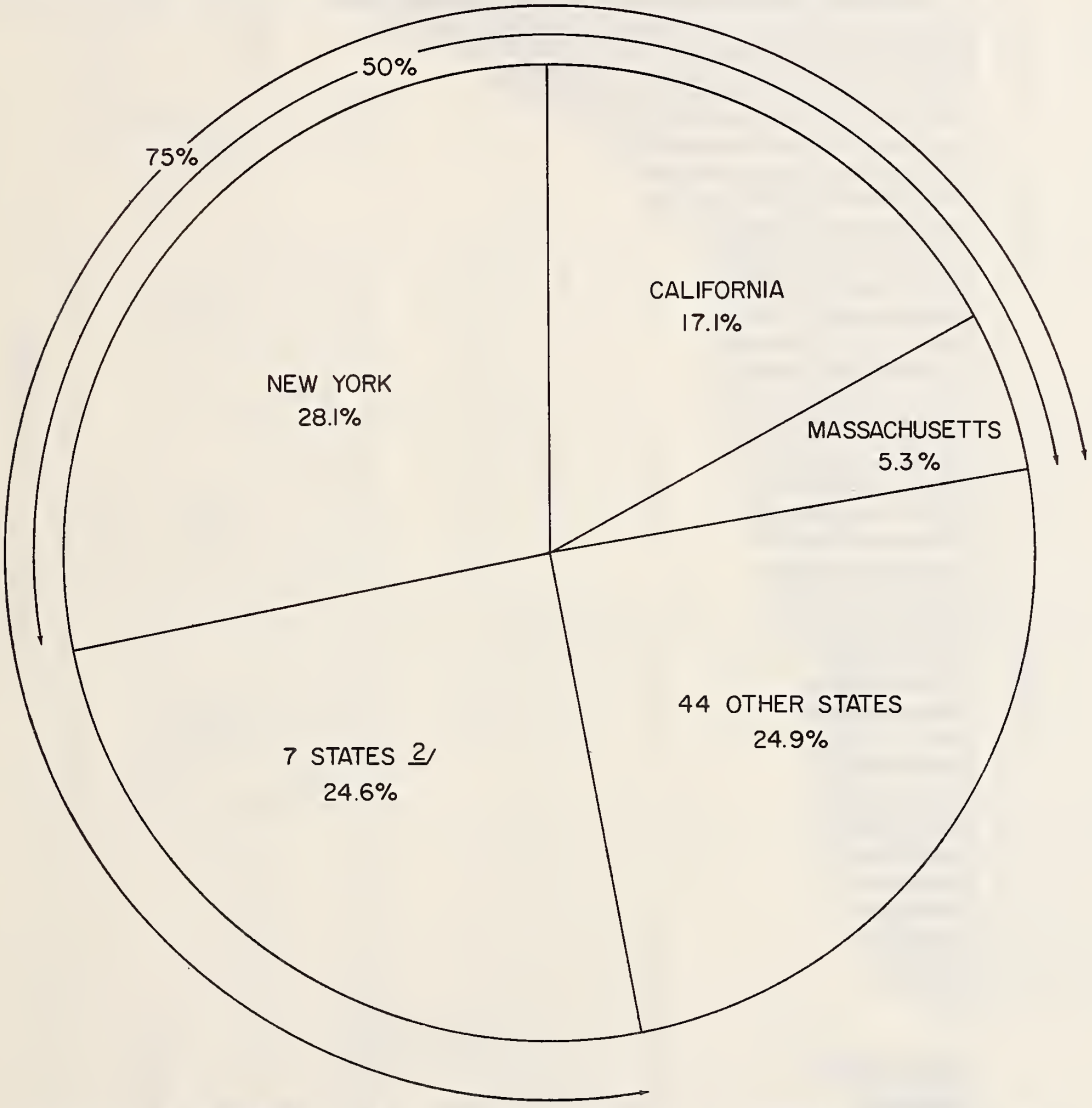
8/ Rates for all money payment recipients per 1,000 total population.

9/ Excludes 11 States that did not administer medical assistance under title XIX.

CHART 1.

PUBLIC ASSISTANCE: PROPORTION OF UNITED STATES TOTAL EXPENDITURES FOR MEDICAL CARE MADE BY SELECTED STATES, FISCAL YEAR 1969

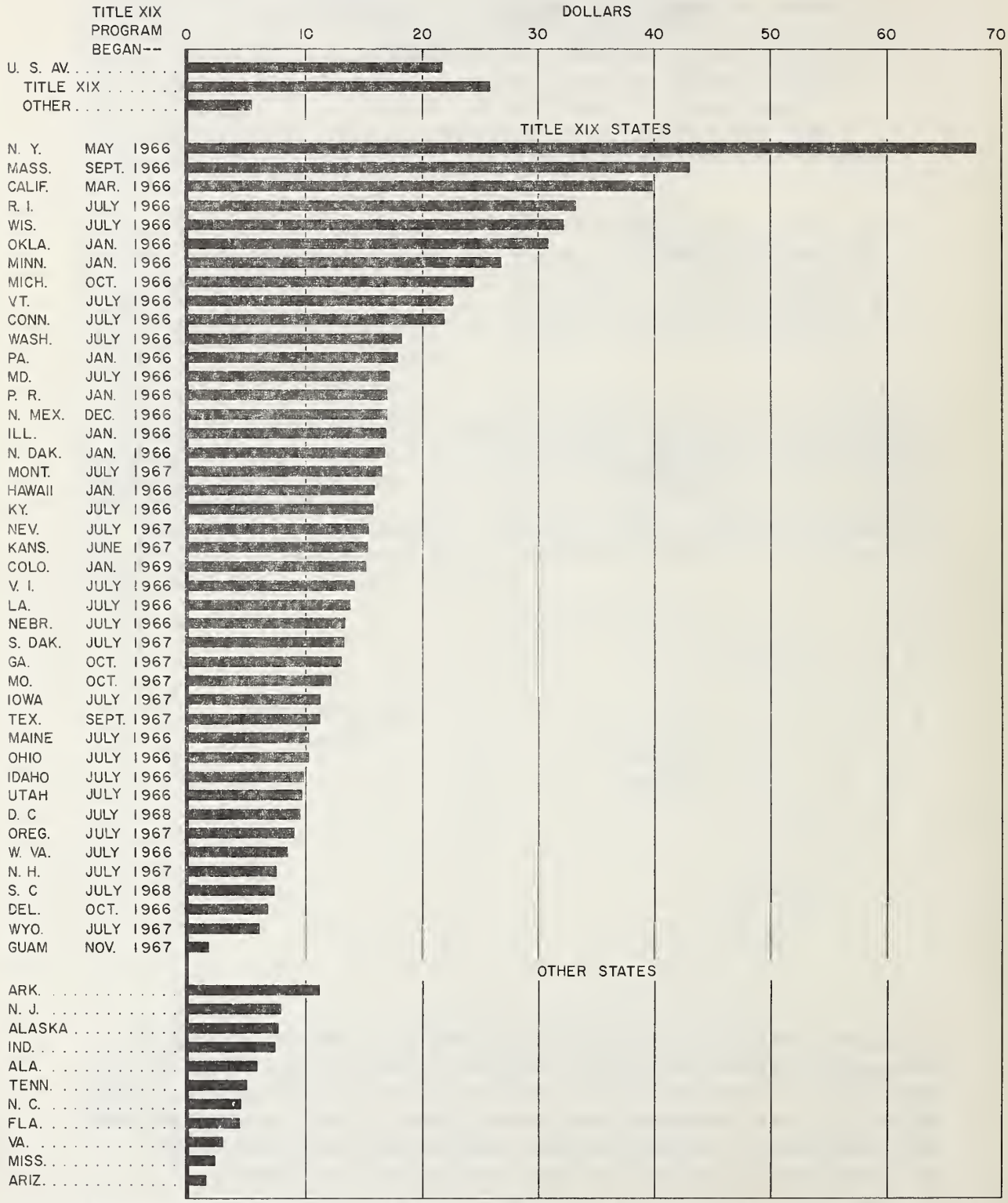
TOTAL EXPENDITURES, 1/ FISCAL YEAR 1969, WERE $4,400,000,000



1/ INCLUDES EXPENDITURES FOR PAYMENTS MADE DIRECTLY TO MEDICAL VENDORS AND FOR MONTHLY PREMIUMS OR PER CAPITA PAYMENTS INTO AGENCY POOLED FUNDS, TO THE SOCIAL SECURITY ADMINISTRATION (FOR AGED PERSONS), OR TO HEALTH INSURING AGENCIES. INCLUDES ALL SUCH EXPENDITURES MADE UNDER FEDERALLY-AIDED ASSISTANCE PROGRAMS AND UNDER GENERAL ASSISTANCE PROGRAMS FINANCED FROM STATE-LOCAL FUNDS.
2/ PENNSYLVANIA, MICHIGAN, ILLINOIS, TEXAS, WISCONSIN, OHIO AND MINNESOTA.

HEW - SRS - NCSS No. 419

CHART 2.
EXPENDITURES PER INHABITANT FOR MEDICAL ASSISTANCE, 1/
FISCAL YEAR 1969



1/ INCLUDES EXPENDITURES FOR PAYMENTS MADE DIRECTLY TO MEDICAL VENDORS AND FOR MONTHLY PREMIUMS OR PER CAPITA PAYMENTS INTO AGENCY POOLED FUNDS, TO THE SOCIAL SECURITY ADMINISTRATION (FOR AGED PERSONS), OR TO HEALTH INSURING AGENCIES. INCLUDES ALL SUCH EXPENDITURES MADE UNDER FEDERALLY-AIDED ASSISTANCE PROGRAMS AND UNDER GENERAL ASSISTANCE PROGRAMS FINANCED FROM STATE-LOCAL FUNDS.

HEW-SRS-NCSS No. 365

Table 1.--Expenditures 1/ for medical assistance, by type of service, calendar year 1965 and fiscal years 1968 and 1969

[Amounts in thousands]

Type of service	Amount			Percentage distribution		
	Calendar year 1965	Fiscal year 1968	Fiscal year 1969	Calendar year 1965	Fiscal year 1968	Fiscal year 1969
Total	$1,478,905	$3,521,352	$4,352,512	100.0	100.0	100.0
Inpatient hospital care	626,611	1,402,416	1,634,127	42.4	39.8	37.5
Nursing home care	494,392	1,068,212	1,295,417	33.4	30.3	29.8
Physicians' services	121,649	385,481	523,308	8.2	10.9	12.0
Other practitioners' services	9,142	32,774	33,272	.6	.9	.8
Dental care	30,778	191,104	210,572	2.1	5.4	4.8
Prescribed drugs	124,277	239,465	306,754	8.4	6.8	7.0
Other	51,070	191,070	339,977	3.5	5.4	7.8
Type not reported	20,985	10,830	9,083	1.4	.3	.2

1/ Expenditures from Federal State and local funds under Federally aided assistance programs and from State and local funds under general assistance programs. Expenditures from general assistance funds were $120,961,000 in 1965, $69,976,000 in 1968, and $79,072,000 in 1969.

Table 2.--Recipients of medical assistance,1/ by basis of eligibility, mid month of each calendar quarter, fiscal year 1969

Basis of eligibility of recipients	Estimated number of different persons, fiscal year 1969	Average monthly number 2/	August 1968	November 1968	February 1969	May 1969
	Number					
Total	12,900,000	5,752,000	5,561,000	5,483,000	5,932,000	6,034,000
Title XIX States	---	5,027,000	4,817,000	4,710,000	5,252,000	5,330,000
Other States	---	725,000	743,000	773,000	680,000	704,000
Recipients eligible on basis of:						
Age 65 or over	2,900,000	2,213,000	2,282,000	2,233,000	2,211,000	2,127,000
Blindness	75,000	44,900	47,000	42,800	46,700	43,200
Permanent and total disability	960,000	526,000	512,000	505,000	531,000	557,000
Children under 21	5,900,000	2,035,000	1,826,000	1,844,000	2,184,000	2,286,000
Adults in AFDC type families	2,225,000	778,000	711,000	730,000	814,000	857,000
Other adults	800,000	154,000	183,000	127,000	143,000	162,000
	Percentage distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Title XIX States	---	87.4	86.6	85.9	88.5	88.3
Other States	---	12.6	13.4	14.1	11.5	11.7
Recipients eligible on basis of:						
Age 65 or over	22.5	38.5	41.0	40.7	37.3	35.3
Blindness	.6	.8	.8	.8	.8	.7
Permanent and total disabllity	7.5	9.1	9.2	9.2	9.0	9.2
Children under 21	45.9	35.4	32.8	33.6	36.8	37.9
Adults in AFDC type families	17.3	13.5	12.8	13.3	13.7	14.2
Other adults	6.2	2.7	3.3	2.3	2.4	2.7

1/ Federally aided assistance programs only; data are not available on those aided under State's general assistance programs.

2/ Average of numbers in mid-month of each quarter; includes recipients for whom only payments were monthly premium or per capita amounts paid to health insuring agencies.

Table 3.--Expenditures 1/ for medical assistance, by basis of eligibility of recipients, mid-month of each calendar quarter and total, fiscal year 1969

Basis of eligibility	Total 2/ (12 months)	August 1968	November 1968	February 1969	May 1969
	Amount (in thousands)				
Total	$4,273,439	3/ $337,973	$360,149	$379,285	$372,447
Title XIX States	4,042,673	3/ 317,987	339,855	361,051	352,212
Other States	230,766	19,986	20,294	18,234	20,235
Recipients eligible on basis of:					
Age 65 or over	1,803,391	149,271	154,348	154,411	152,023
Blindness	34,188	2,618	2,653	2,987	3,417
Permanent and total disability	760,672	58,262	61,519	68,069	69,244
Children under 21	867,508	64,656	73,367	79,676	76,543
Adults in AFDC type families	376,063	27,959	31,726	34,455	33,100
Other adults	431,617	32,203	36,542	39,684	38,124
	Percentage distribution				
Total	100.0	100.0	100.0	100.0	100.0
Title XIX States	94.6	94.1	94.4	95.2	94.6
Other States	5.4	5.9	5.6	4.8	5.4
Recipients eligible on basis of:					
Age 65 or over	42.2	44.6	42.9	40.7	40.8
Blindness	.8	.8	.7	.8	.9
Permanent and total disability	17.8	17.4	17.1	17.9	18.6
Children under 21	20.3	19.3	20.4	21.0	20.6
Adults in AFDC type families	8.8	8.3	8.8	9.1	8.9
Other adults	10.1	9.6	10.1	10.5	10.2

1/ Expenditures from Federal, State, and local funds under federally aided assistance programs.
2/ Distribution by basis of eligibility based on average of distributions for mid-month of each calendar quarter.
3/ Includes $3,000,000 not distributed by basis of eligibility.

Table 4.--Expenditures for medical assistance: Amount and percentage distribution of payments for vendor medical bills, fiscal year ended June 30, 1969 1/

State	Total (000)	Percentage distribution by type of service							
		Type of service not reported	In-patient hospital care	Nursing home care	Physicians' services 2/	Other practitioners' services 2/	Dental care	Prescribed drugs	Other
Total	$4,352,512	0.2	37.5	29.8	12.0	0.8	4.8	7.0	7.8
Alabama	20,541	---	5.2	94.6	.2	---	---	---	(3/)
Alaska	2,133	---	26.8	52.1	13.9	.1	1.9	3.8	1.4
Arizona	1,808	---	.3	93.4	---	---	---	---	6.3
Arkansas	19,200	---	12.3	82.4	4/ 3.0	(4/)	2.2	---	.1
California	759,330	---	35.1	27.8	21.9	.5	4.6	6.6	3.5
Colorado	29,893	---	21.6	52.4	5/ 14.4	(3/)	(3/)	10.7	.9
Connecticut	64,378	4.0	28.9	47.8	9.3	(3/)	2.0	5.5	2.5
Delaware	3,543	---	46.8	.7	26.3	---	---	14.8	11.4
District of Columbia	7,674	---	46.1	36.8	3.8	1.0	---	2.2	10.1
Florida	23,740	---	31.6	38.0	---	---	---	30.4	(3/)
Georgia	56,207	---	20.8	45.8	18.5	---	---	11.7	3.2
Guam	171	100.0	---	---	---	---	---	---	---
Hawaii	12,523	---	29.6	47.3	14.4	---	.9	3.9	3.9
Idaho	6,836	---	22.9	54.5	20.1	.6	---	---	1.9
Illinois	185,677	---	56.2	11.5	10.7	1.7	3.5	9.4	7.0
Indiana	37,026	---	17.8	55.8	10.2	.7	2.0	11.6	1.9
Iowa	29,961	---	19.6	23.5	22.8	2.7	6.5	20.1	4.8
Kansas	34,333	---	6/ 31.6	26.0	16.8	2.1	6.7	13.6	3.2
Kentucky	47,844	---	31.5	14.3	22.7	---	2.5	26.4	2.7
Louisiana	51,699	---	16.7	42.8	11.0	---	.4	27.3	1.7
Maine	9,286	10.9	50.9	13.1	21.3	---	---	---	3.9
Maryland	64,823	---	57.9	20.6	6.2	---	1.3	9.0	5.1
Massachusetts	235,834	---	35.4	30.9	7.8	1.7	9.5	8.6	6.1
Michigan	213,024	.9	30.1	49.3	14.2	.1	---	2.1	3.3
Minnesota	98,671	1.3	24.1	47.8	9.1	.5	2.4	9.5	5.1
Mississippi	5,011	---	20.4	79.6	---	---	---	---	---
Missouri	52,064	---	31.3	23.3	20.8	---	4.0	16.4	4.2
Montana	11,294	---	24.5	46.4	7/ 13.4	7/ 1.5	2.6	8.4	3.3
Nebraska	18,680	---	26.7	38.4	9.7	.4	2.6	15.5	6.7
Nevada	6,786	1.2	26.9	41.8	13.9	.9	3.9	6.6	4.8
New Hampshire	5,227	1.3	42.4	3.0	22.3	1.8	6.0	20.9	2.3
New Jersey	55,354	---	33.0	44.9	4.7	1.3	3.9	8.7	3.7
New Mexico	16,858	---	28.5	22.3	18.5	---	5.3	15.8	9.6
New York	1,235,403	---	47.7	16.4	7.8	1.2	9.1	3.8	14.0
North Carolina 8/	23,848	1.4	70.1	---	1.2	---	2.7	21.7	2.9
North Dakota	10,120	---	26.6	43.5	10.9	9/ .2	2.7	10.4	9/ 5.7
Ohio	106,053	---	42.3	20.9	8.1	1.2	3.7	14.4	9.4
Oklahoma	68,343	---	25.0	50.5	18.0	---	.4	.2	5.8
Oregon	18,276	---	30.2	43.8	13.4	---	2.7	7.3	2.6
Pennsylvania	209,050	---	38.7	40.7	8.6	---	1.6	6.5	3.9
Puerto Rico	46,852	---	31.5	---	---	---	---	---	68.5
Rhode Island	29,987	---	57.5	12.4	9.3	.1	2.9	12.6	5.2
South Carolina	18,904	---	22.2	49.8	10.6	.1	.1	11.0	6.3
South Dakota	8,544	---	21.9	55.9	13.0	1.7	1.0	5.1	1.4
Tennessee	17,081	.6	19.7	45.1	8.3	(3/)	(3/)	23.8	2.5
Texas	126,621	---	25.0	52.1	13.9	---	---	---	9.0
Utah	9,936	---	37.6	21.9	19.8	---	8.6	8.2	3.9
Vermont	9,644	---	38.8	34.9	14.2	---	---	10.2	1.9
Virgin Islands 8/	802	---	45.4	---	.1	---	---	3.3	51.2
Virginia	12,665	5.3	22.2	62.0	2.7	---	(3/)	7.0	.8
Washington	60,282	---	33.4	38.5	13.0	.2	2.5	8.5	3.9
West Virginia	15,454	---	42.8	.3	24.2	2.4	3.2	10/21.1	5.8
Wisconsin	135,306	.6	17.5	59.0	9.4	1.5	2.6	6.9	2.5
Wyoming	1,910	---	33.1	25.6	20.2	---	1.6	14.0	5.4

1/ Expenditures from Federal State and local funds under federally aided assistance programs and from State-local funds under general assistance programs. For States operating pooled funds or other prepayment plans, data represent payments out of these funds to specified type of vendor.
2/ Includes drugs dispensed by Medical practitioners when these costs are not reported separately.
3/ Less than 0.05 percent.
4/ "Other practitioners' services" included in "Physicians' services."
5/ Includes laboratory and radiological services.
6/ Includes outoatient care.
7/ For general assistance, "Other practitioners' services" included in "Physicians' services."
8/ Partly estimated.
9/ For general assistance, "Other pracitioners' services" included in "Other."
10/ Includes State Pharmacy Program payments made without Federal participation.

Table 5.--Expenditures per inhabitant for medical assistance,1/ calendar year 1965 and fiscal years 1968 and 1969

State	Title XIX program began	Calendar year 1965	Fiscal year 1968	Fiscal year 1969		
				Amount	Percentage change from--	
					Calendar year 1965	Fiscal year 1968
Total	---	$7.55	$17.65	$21.60	+186.1	+22.4
Alabama	---	5.00	4.80	5.80	+16.0	+20.8
Alaska	---	5.35	6.70	7.65	+43.0	+14.2
Arizona	---	.55	1.10	1.30	+136.4	+18.2
Arkansas	---	8.10	10.55	11.10	+37.0	+5.2
California	March 1966	10.60	32.75	39.85	+275.9	+21.7
Colorado	Jan. 1969	12.05	13.65	15.15	+25.7	+11.0
Connecticut	July 1966	10.75	16.75	21.80	+102.8	+30.1
Delaware	Oct. 1966	1.00	6.20	6.75	+575.0	+8.9
District of Columbia	July 1968	5.20	4.10	9.60	+84.6	+134.1
Florida	---	3.45	3.90	4.20	+21.7	+7.7
Georgia	Oct. 1967	3.30	7.55	13.05	+295.5	+72.8
Guam	Nov. 1967	.95	1.00	1.60	+68.4	+60.0
Hawaii	Jan. 1966	6.95	12.60	15.80	+127.3	+25.4
Idaho	July 1966	7.60	9.10	9.90	+30.3	+8.8
Illinois	Jan. 1966	9.35	14.95	16.95	+81.3	+13.4
Indiana	---	3.70	5.85	7.40	+100.0	+26.5
Iowa	July 1967	9.25	8.40	11.20	+21.1	+33.3
Kansas	June 1967	7.95	11.20	15.30	+92.5	+36.6
Kentucky	July 1966	6.50	11.10	15.75	+142.3	+41.9
Louisiana	July 1966	8.85	11.50	13.80	+55.9	+20.0
Maine	July 1966	8.10	12.65	10.20	+25.9	-19.4
Maryland	July 1966	3.35	17.05	17.20	+413.4	+.9
Massachusetts	Sept. 1966	18.50	36.10	43.00	+132.4	+19.1
Michigan	Oct. 1966	8.10	18.75	24.40	+201.2	+30.1
Minnesota	Jan. 1966	16.65	23.25	26.85	+61.3	+15.5
Mississippi	---	.80	1.60	2.10	+162.5	+31.2
Missouri	Oct. 1967	3.35	5.15	12.15	+262.7	+135.9
Montana	July 1967	8.75	13.25	16.55	+89.1	+24.9
Nebraska	July 1966	8.65	14.00	13.35	+54.3	-4.6
Nevada	July 1967	7.95	12.25	15.35	+93.1	+25.3
New Hampshire	July 1967	5.15	4.75	7.50	+45.6	+57.9
New Jersey	---	4.50	7.30	7.85	+74.4	+7.5
New Mexico	Dec. 1966	4.70	13.50	17.00	+261.7	+25.9
New York	May 1966	12.35	55.55	67.60	+447.4	+21.7
North Carolina	---	3.25	3.70	4.40	+35.4	+18.9
North Dakota	Jan. 1966	11.85	16.70	16.90	+42.6	+1.2
Ohio	July 1966	4.90	8.15	10.20	+108.2	+25.2
Oklahoma	Jan. 1966	10.40	26.25	30.80	+196.2	+17.3
Oregon	July 1967	7.25	8.85	9.05	+24.8	+2.3
Pennsylvania	Jan. 1966	6.70	13.05	17.95	+167.9	+37.5
Puerto Rico	Jan. 1966	.75	14.45	17.00	(2/)	+17.6
Rhode Island	July 1966	10.90	28.55	33.20	+204.6	+16.3
South Carolina	July 1968	3.50	3.40	7.40	+111.4	+117.6
South Dakota	July 1967	6.60	11.60	13.30	+101.5	+14.7
Tennessee	---	3.05	4.05	4.85	+59.0	+19.8
Texas	Sept. 1967	3.25	9.90	11.15	+243.1	+12.6
Utah	July 1966	6.70	9.45	9.70	+44.8	+2.6
Vermont	July 1966	8.60	17.90	22.50	+161.6	+25.7
Virgin Islands	July 1966	1.40	14.40	14.15	(2/)	-1.7
Virginia	---	1.85	2.20	2.80	+51.4	+27.3
Washington	July 1966	13.70	15.70	18.25	+33.2	+16.2
West Virginia	July 1966	6.70	6.45	8.50	+26.9	+31.8
Wisconsin	July 1966	12.25	27.60	32.05	+161.6	+16.1
Wyoming	July 1967	4.55	5.95	6.00	+31.9	+.8

1/ Includes expenditures made directly to medical vendors and for monthly premiums or per capita payments into agency pooled funds, to the Social Security Administration (for aged persons), or to health insuring agencies. Includes all such expenditures made under Federally aided programs and under general assistance programs financed from State - local funds.

2/ Increase of more than 1,000 percent.

CMS LIBRARY
3 8095 00005157 9